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Breast scan program deplored as coercion

By Julie Robotham Medical Editor
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WOMEN in NSW will receive revised information about having mammograms to detect breast cancer, amid claims the benefits of the X-ray technique have been over-emphasized and the potential risks inadequately explained.

The director of Cancer Institute NSW, Jim Bishop, said focus groups began this week to determine how best to present complex information about the risks of screening, such as the chance of finding tiny cancers that would never become life-threatening and the anxiety caused when a woman had a false-positive test.

This would be used to create information leaflets to help women decide independently whether or not to accept breast screening, rather than pushing them to have a scan.

An international review has criticized the letters and hand-outs that NSW gives to patients, saying they manipulate women into agreeing to a test rather than supporting informed choice.

A Copenhagen epidemiologist, Peter Gotzsche, said a BreastScreen NSW leaflet headlined "Why is having a breast screen a good idea?" was an example of biased language used to coerce women. He said his study of patient literature from most English-speaking countries had found the materials often gave "the impression that participation is a public duty", when in fact "a decision not to attend ... can be based on sound reasoning".

The study is published today in the medical journal *BMJ*.

Professor Bishop acknowledged that the information materials did not meet current standards. He said it was legitimate for a woman to decide against a mammogram but emphasized that the program saved lives. There had been a 22 per cent reduction in the likelihood of dying from breast cancer over the past decade.

A campaign is under way to prompt more women in the target age range of 50 to 69 to have mammograms.

Only 52 per cent of eligible NSW women seek screening, and program leaders estimate that 50 additional lives could be saved each year if 70 per cent of women had scans every two years.

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The director of the National Breast Cancer Centre, Helen Zorbas, said the challenge was to distinguish tiny breast cancers that would progress to serious disease from those likely to be harmless. It might be possible, "to define a small subgroup of women for whom treatment may not be necessary", she said.

But many women would prefer treatment even when the risk was low.

The head of the School of Public Health at the University of Sydney, Bruce Armstrong, agreed that "little is said about the downsides ... Proper, informed decision-making is probably not very frequent."

The chairwoman of Breast Cancer Action Group NSW, Sally Crossing, said statistics should be expressed in terms readily understood by ordinary women.

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